

Foundation Permit Application



PERMIT#: _____

PERMIT FEE: _____

ELBERT COUNTY BUILDING DEPARTMENT
PO BOX 7 - 207 COMANCHE STREET
KIOWA, CO 80117
TELEPHONE: 303-621-3172 FAX: 303-621-3165
INSPECTION LINE: 303-621-3140

Project Address: _____ City: _____ Zip: _____

Subdivision/Project Name: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Fax: _____

Owner Name: _____ Phone: _____

Owner mailing address: _____

City: _____ State: _____ Zip: _____

TYPE OF WORK YOU WILL BE DOING: _____

Email Address/Contractor: _____

Notes / Description:

OFFICE USE ONLY

Approved : Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

Six Month Extension: \$150.00 New Expiration Month: _____ Day _____ Year _____

Building Department Signature and Date